

Abstract 696

TITLE: Relapse Prevention Versus Health Education to Prevent STD/HIV in Heterosexual Women: A Randomized Control Trial

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BACKGROUND/OBJECTIVES: Heterosexual transmission accounts for the largest proportionate increase in reported AIDS cases in the United States. Because theory-based cognitive-behavioral groups have been found efficacious in leading to risk reduction, they have become the accepted standard. However, recent evidence has suggested that health education approaches also may have efficacy. We compared the relative efficacy of two STD/HIV risk reduction group counseling protocols: a skills-building group based on the Relapse Prevention Model and a community standard health education group. This study differed from previous comparisons in that groups were equal in length, groups involved a larger number of sessions (16), and respondents were followed for a full 12 months following intervention.

METHODS: 287 low-income, adult women at high risk of STD/HIV transmission were randomly assigned to either a cognitive-behavioral skills-building group or a health education group. Both conditions involved 16 weekly sessions. Measures included baseline paper and pencil questionnaires and an audio taped skills assessment. Follow-up information was collected from subjects at 4, 8, and 12 months after the end of their group counseling.

RESULTS: Both conditions showed a statistically significant reduction in risk level from baseline to 4 a month follow-up, and this change was sustained at 12 months. Similarly, both conditions showed increases in safe sex negotiation skills, also maintained at 12 months. Comparing between groups, we found no statistically significant differences at any time point between the two conditions on risk level and negotiation skills.

DISCUSSION: Health education approaches to HIV/STD risk reduction may, at least for some populations, be as efficacious as skills-building approaches. This includes both in initial behavior change and longer-term maintenance. In many situations, use of health education groups would be an advantage given that such approaches can be provided at a lower cost, by a wider range of professionals.

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